7 FAM 1800 APPENDIX A MANAGING STRESS AND THE CONSULAR CRISIS WORKER

(CT:CON-407; 06-29-2012)
(Office of Origin: CA/OCS/L)

7 FAM 1810 APPENDIX A INTRODUCTION - UNDERSTANDING SOURCES OF STRESS AND MANAGING THE CRISIS

(CT:CON-148; 10-04-2006)

a. While some crises have a level of predictability which will allow you time to establish tripwires and plan for surges in workload demands, many crises happen with virtually no warning.

b. In these circumstances consular managers are asked to perform almost impossible tasks, often with limited resources.

c. In such a crisis environment, the Bureau of Consular Affairs (CA) will do everything possible to get you the additional help you will need to manage the crisis, either from Washington or another post. 7 FAM 1810 and 12 FAH-1 emphasize the importance of asking for help and getting that help to you quickly.

d. Even with the best possible Emergency Action Plan (EAP), F-77 Report preparation, and well coordinated Warden System, it is impossible to predict the magnitude of a crisis and plan for every eventuality. When reality hits, consular managers need to be flexible and make quick decisions.

e. Generally, disaster work is a combination of negative and positive experiences. Consular officers may experience profound feelings of helplessness, grief, despair, horror and repulsion. On the other hand, working a crisis can be very rewarding due to strong team work, sharing common goals and purpose, and achieving what seemed like impossible goals. Many consular officers describe renewed professional and personal convictions and a positive reevaluation of life after working a crisis.

f. After the crisis is over, it is common to feel let down and even depressed. Our bodies and minds adapt to increased levels of stress and it takes time to return to normal. Some consular officers miss the unified teamwork and bonding common to crisis work and find "normal" life dull.

7 FAM 1820 APPENDIX A RUNNING A 24/7 OPERATION

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a. Summary: In large crises, the consular manager will often have to run a 24/7 task force, either at the embassy or at a disaster location. If the crisis lasts more than a few days, the consular manager must ensure sufficient staffing so that consular officers and others working on the crisis do not burn out. In a large scale crisis, assisting U.S. citizens is not simply a consular problem but the mission's and the Department's number one priority. In acquiring resources and staffing for a task force operation, make sure that others supporting the operation are aware of this priority. (See 12 FAH-1.)

b. How CA Staffs Crisis Response: The Bureau of Consular Affairs has established crisis response teams who are on call at all times. When the Department establishes a task force in response to an actual crisis, these teams may be called upon to work the initial consular task force shifts. They are drawn from all components of the CA Bureau, not just CA/OCS. For larger crises, CA also solicits volunteers from FSI (Foreign Service Institute) and from consular officers serving in non-consular assignments elsewhere in the Department to serve on the consular task force(s).

c. How Would You Operate 24/7: All posts abroad should develop a similar pre-crisis strategy for how you would staff a large scale 24/7 operation, drawing on help from other sections and agencies where appropriate. Smaller posts may have to be more creative in locating staff to support a 24/7 operation, including requesting additional support from CA. Do not forget that Eligible Family Members, Locally Employed Staff, and even Peace Corps Volunteers can help when appropriate.

d. Cultural Awareness and Needs of Locally Employed Staff: Consular managers in crisis situations need to be aware that not all colleagues/coworkers will react to the event in the same way.

(1) Remember that your local colleagues may have other cultural-specific ways of handling stress. Be mindful of such differences, and encourage Locally Employed Staff (LES) to share their own stress-relief techniques.

(2) Managers must understand/appreciate that different people will view the crisis through their own experiences and personal optics. This will be particularly true and important with regard to LES, who may be more personally affected by a situation occurring in their own country and possibly affecting their own towns/families/friends as well as the U.S. citizens whom they officially have to assist.

(3) Consular managers need to make allowances for locally employed staff that may have personal duties/emergencies to attend to, in addition to their consular duties. Related to that, in considering staffing needs to respond

to the crisis, managers should consider the degree to which their own staffs will be unable/unavailable to participate in the official U.S. Government response.

e. Fatigue Factor: Fatigue is one of the most significant stress factors in managing a consular crisis. Consular professionals are intrepid, and particularly in the early days of a crisis, commit themselves tirelessly to the protection and care of our citizens in dire circumstances. This is admirable and the Bureau of Consular Affairs (CA) commends you for your tremendous dedication, particularly when your own families may be in danger. However, long hours, erratic work schedules, and extreme fatigue will have a negative impact physically and mentally if a crisis lasts for longer than a few days. A consular officer who is ill or can't think clearly due to fatigue and stress cannot provide the best assistance to others. Therefore, having adequate staffing to manage a crisis that will last more than a few days is essential. Consular managers must plan for appropriate staffing and then set the example for others by taking time to rest as well.

f. Ask for help: The best consular managers ask for help early in a crisis. Since it is impossible to anticipate all eventualities, it is better to over estimate than under estimate your needs. As discussed in 7 FAM 1810, requesting a consular fly away team from a neighboring post or from Washington may prove necessary, but do not wait until the crisis has grown completely unmanageable to make such requests. It can take time for the team to arrive, so ask at the beginning of the crisis to ensure you have a full team on the ground when you need it. Also remember that, depending on the nature and magnitude of the crisis, it may or may not be possible for your consular section to continue full or limited normal operations and services, so you may have to factor in the number of people, both U.S. citizen employees and LES, you will need to maintain those operations in addition to handling the crisis itself. Fly away teams from Washington or posts abroad are usually coordinated by CA/EX in conjunction with the Washington consular task force and CA/OCS, after consultation with posts involved identifying skill and language needs. Fly away teams can include both consular officers as well as locally employed staff, depending on post needs.

g. Crisis Work Schedules and Rest Breaks: Develop clear task force schedules that incorporate time for rest breaks, meals and relaxation.

(1) Ask people who are not scheduled to work to leave and make sure they are scheduled for a later time. Some people like to stay where the action is, but they can be distracting to taskforce workers and will then be over tired when it's their turn to be on duty. If people want to be up-to-date on the latest information, find a way to provide this information on a regular basis away from the task force area.

(2) Address your own needs to rest and recuperate by designating a deputy right from the start to run the task force while you are off duty. No one

can work effectively without taking the time to eat, sleep and relax.

7 FAM 1830 APPENDIX A ORGANIZATIONAL SOURCES OF STRESS

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a. Information Demands: When a crisis occurs there is a considerable demand for information in Washington. 7 FAM 1800, 12 FAH-1 and the S-ES-O/CMS crisis Intranet page outline some of the demands that will be put on you to provide the Department with information about what is happening in the host country. This may include not only the daily written reports by cable explained in the S-ES-O/CMS Task Force Manual, which will be clearly identified to post when the task force is established, but may also include 24/7 reports by phone and email from the post Emergency Action Committee (EAC) consular representative regarding U.S. citizens, daily conference calls, and updated warden messages, travel warnings, web page announcements, and press guidance. Designate two people, on rotating schedules, to be the consular reporters so you have 24/7 coverage. As a consular manager, do not try to do this yourself since you will be coordinating the overall assistance effort and often don't have time to draft reports.

b. Other Organizational Sources of Stress:

   (1) Long hours, erratic work schedules;

   (2) Inter-agency/Intra-organizational struggles over authority;

   (3) Equipment failure and perception of low-control;

   (4) Role ambiguity;

   (5) Communication breakdowns;

   (6) Funding/allocation of resources; and

   (7) Lack of adequate housing, vehicles and, other logistical support.

c. As the consular manager, it is important to address organizational sources of stress early on and to shield your staff from having to deal with these types of problems individually. If you are making an effort to fix these sources of stress, you and your staff will find it easier to handle the stress of the crisis.

7 FAM 1840 APPENDIX A EVENT-SPECIFIC STRESS – EXPOSURE TO DANGER, DEATH, MASSIVE INJURIES AND OTHER CRITICAL INCIDENTS

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a. While consular officers are trained to deal with people in crisis, both individual personal emergencies and large scales crises, it is important to realize that assisting U.S. citizens in a crisis or disaster situation is extremely stressful.

b. What is Stress? Stress is a combination of physiological and emotional responses to an event. Some of the physiological responses may include increased heart rate and blood pressure, sweating, dry mouth, tight muscles, irritability, anger and headaches. Some of the cognitive or emotional responses include negative self-talk, restlessness, loss of memory, and the inability to concentrate. Prolonged periods of stress can cause insomnia and digestion problems.

c. Event-driven sources of stress include, but are not limited to:

(1) Exposure to unpredictable physical danger;

(2) Encounter with violent death and human remains; encounter with mass death; encounter with the death of children;

(3) Encounter with suffering of others;

(4) Negative perception of the cause of the disaster;

(5) Negative perception of assistance offered victims;

(6) Cross-cultural differences between workers and community (particularly true for TDYers unfamiliar with host country);

(7) Apparent lack of understanding/appreciation for your efforts on the part of those you are trying to help.

(8) Difficult choices;

(9) Negative perception by community;

(10) Weather conditions;

(11) Over-identification with victims; and

(12) Human errors.

d. Personal Stressors: In assigning your colleagues to work on task force operations, you should be mindful of personal stressors on individuals, including, but not limited to:

(1) Personal injury;

(2) Injury or fatality of loved ones, friends, associates;

(3) Property loss;

(4) Pre-existing stress;

(5) Proximity to scene of impact;

(6) Prior disaster experience; and

(7) Previous trauma.

7 FAM 1850 APPENDIX A SUPPORTING YOUR CRISIS WORKERS

(CT:CON-407; 06-29-2012)

a. Help your co-workers as much as possible by sharing feelings and checking out how they are doing.

b. Reassure people that reaction to stress is normal. It helps to remind people that behaviors that appear to be abnormal are actually normal responses to an abnormal situation.

c. Show regular and immediate appreciation for people's work. Don't wait until the crisis is over.

d. Be sensitive to cross-cultural issues when working with employees of different nationalities.

e. Provide fluids and healthy food and the time to eat. Minimize caffeine and sugar since these only provide temporary energy followed by a significant drop in energy. If you want to have snack foods, bring in fruit and nuts instead of candy and chips. Avoid alcohol during the crisis. Alcohol will mask, but not reduce stress, and can have a negative impact on the body in times of stress.

f. Periods of appropriate physical exercise, alternated with relaxation, will alleviate some of the physical reactions to stress.

g. Rotate personnel to allow breaks away from the incident area.

h. Provide a break area that includes back-up clothing, materials for light reading, games for relaxation, Internet, and phone access so that staff can communicate with family.

i. Encourage teams to share experiences with one another. If possible, establish bonding by having the same people serve on one team.

j. Phase out workers gradually from high to medium to low stress areas.

k. Provide debrief time for all workers as they go off duty or take breaks. M/MED personnel at post, in the Department or regional medical officers may also provide assistance to personnel experiencing critical incident stress, particularly involving large scale casualties.

l. When you do get time to rest, you may experience insomnia and sleep disturbance. If you can't sleep, still try to rest and do something that takes you away from the crisis.

m. Realize that those around you are also under stress. Do what you can to remind people how to reduce their stress while remaining engaged in the crisis. We all have times when stress causes us to act in a way we regret; therefore,

don't take negative behavior from others personally and apologize for your own negative behavior.

n. Remind people to take a 5-minute stress break every hour. Sustained activity will increase our body's stress baseline; too much overtime can have a negative effect on the body. By taking the time to reduce the stress baseline every hour, we can prevent this from happening. An easy way to reduce the stress baseline is to practice paced breathing; for 5 minutes take 6-10 breaths per minute using the diaphragm.

o. Don't sweat the small stuff. Prioritize the truly important things to address in a crisis and let the rest slide.

p. Keep a positive attitude. Be confident, patient and believe in yourself and your team.

q. Avoid extreme reactions. It is normal to feel nervous, angry, and sad during a crisis. Later, these emotions can develop into anxiety, rage, and depression. If a colleague is having an extreme emotional reaction, suggest they take a break in order to avoid having a negative impact on the entire group.

r. Have fun. Even though you find yourself in a life or death crisis, there is still room somewhere to have fun - find it.

s. Be a good role model by taking care of yourself.

t. Employees should be briefed prior to working on a crisis about stressors.

u. Time-permitting, a senior consular officer may want to liaise with the CA/OCS/ACS desk officer and CA/OCS/L Victim Assistance specialist prior to heading to a scene.

v. After the crisis has passed, MED may return to post to assist employees who may still be suffering from stress. (See 7 FAM 1890 Appendix A.)

w. Avail yourself of in-country resources to deal with the emotional ramifications of a crisis. (See 7 FAM 1870 Appendix A.)

7 FAM 1860 APPENDIX A WORKING WITH STRESSED AND BEREAVED CITIZENS

(CT:CON-148; 10-04-2006)

a. Understanding the stages of grief may help your consular team better understand anger or hostility they may receive from families of victims.

STAGES OF GRIEF	
Overview	In your personal and professional life you may meet people who are grieving as a result of a traumatic incident. Or, you may experience the loss of a loved one. Because you may face death and loss, it is

	important to understand the grieving process.
Reminder	The stages of grief do not occur in a specific order. Grieving people are likely to experience all the stages in a way that is unique to them. Also, cultural differences may affect how each stage is expressed.
Shock/Denial	Immediately after learning of a traumatic incident, one may feel an emotional numbing. The traumatic reality is likely to be absorbed very slowly. Feelings of disbelief may be articulated in expressions such as: "This can't be true!" "It must be a bad dream!"
Anger	Once the realization of loss begins to set in, the feeling of anger may be overwhelming, particularly if death was unexpected or sudden. It may be unfocused and an individual may find himself/herself verbally lashing out at anyone. Strong desires to blame someone for the loss are not uncommon.
Depression/Sadness	Emotions displayed during this stage include agony, depression, anguish, grief and despair. Performing normal, everyday tasks suddenly becomes difficult and even unbearable. One may have a preoccupation with learning every detail of the incident.
Guilt	When one begins to have a full awareness and understanding of the loss, he/she may have strong feelings of guilt. These feelings may be expressed as: "If only I had gotten home earlier, maybe this wouldn't have happened," or "I should have told her more often that I loved her." Feelings of guilt usually subside with time. Individuals begin to acknowledge their loss and to realize they did the best they could to let loved ones know they cared.
Integration	At this stage, individuals are able to remember the good times, look at photographs, and talk about loved ones without a feeling of overwhelming pain. Being able to integrate the loss into one's life so that there are more good days than bad will allow one to move forward.

b. M/MED's Casualty Assistance Intranet page includes links to guidance about the stages of grief. (See 7 FAM 200 regarding death notification).

c. Conversations with victims and their families:

(1) Show Compassion: First and foremost it is important to keep in mind that in the initial aftermath of a critical incident, callers or citizens you may be assisting in person are likely to be extremely distressed. By showing compassion you will demonstrate to families that you are working on their behalf. If authorized to communicate with the family by e-mail, you should also take this guidance into account.

Do …	Don't
Convey sympathy	Share personal experiences
Say "I can only imagine how distressing this is for you", and Refer to the victim by name or as "your son/daughter", etc.	Say–"I know how you feel." Be cold or distant Be too clinical Use terms such as "deceased", "the late", etc.
Offer your assistance and a listening ear if they have not asked for help Reassure them they are safe	Tell them they are lucky it wasn't worse – traumatized people are not consoled by those statements Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them

(2) Remain Composed: As victims and family members may be uncertain of their loved one's condition, or their onward transportation options, some of their frustration or anger may be directed towards you. They may also express personal beliefs that you may not necessarily agree with.

Do…	Don't …
Remain composed	Argue
Act professional	Be defensive
Respect religious or personal beliefs	Question the personal or religious beliefs of others
	Take the person's anger personally
	Give advice on how to handle bereavement

(3) Take Your Time: Always bear in mind the extreme pressure the citizen is under:

Do	Don't
Show your appreciation for the extreme pressure the citizen is under and	Convey impatience or time constraints to get off the phone Only in the most urgent scenarios

	(i.e., the body will be cremated tomorrow unless you say otherwise today) should the citizens be given time constraints In most scenarios, consular officials should consider the deadlines to be for themselves rather than for the citizens and should raise items that need timely decisions in a timely fashion (and perhaps repeatedly) rather than giving the citizens the added (and often paralyzing) pressure of a deadline
Assist the family to make necessary decisions	Show impatience to move on to the next call or case
	Expect immediate decisions from the family

(4) Communicate Clearly: Inquirers may feel very confused and not quite understand the impact of the situation.

Do	Don't
Repeat information Try to reiterate all points discussed verbally in writing Conversations may not be fully absorbed by someone under stress, whereas information in writing can be referred to and absorbed gradually	Use abbreviations or acronyms
Speak slowly	Convey bureaucratic obstacles
Use short sentences	Give your opinions
Try to respond to specific questions If you don't have the answers to the questions raised, advise the person that you will do your best to get the answer, and then be sure to follow up	Give false hopes or pass on unconfirmed rumors regarding a person's well-being
Stress the positive actions you can	Avoid or sugar-coat the bad news

take	once it is confirmed
Set a time when you will call again and do it Note: This is most easily done when you have the resources to use a case-worker approach (where one consular officer is the sole point of contact for the family) and ensure that a victim/family becomes used to and comfortable with a particular member of your staff	
Debrief colleagues at the end of your shift both to keep them informed and decompress about what you had to handle in the last few hours	
Give bad news in a compassionate and straightforward way	

d. Other Sources of information about stress and grieving:

Medline Plus Bereavement National Center for Post Traumatic Stress Disorder – Managing Grief After Disaster Yale Hospital – Common Reactions to Grief and Bereavement

7 FAM 1870 APPENDIX A DISASTER RESPONSE AND MENTAL HEALTH

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a. M/MED's Intranet page, Mental Health: Stress and Disaster Response provides guidance for Department employees and links to other sources of information about stress and crisis work.

b. CA/OCS works closely with the Office of Medical Services in developing training programs for consular officers about the stress of crisis work and providing support for consular officers before, during and after a crisis.

See: Mental Health Services Employee Consultation Service Security Clearances and Mental Health Counseling Office of Medical Services Office of Casualty Assistance

c. Other Reference Sources:

See:
U.S. Military – Exposure to Traumatic Death the Nature of the Stressor
CDC Traumatic Incident Stress Information for Emergency Response Workers
Department of Veterans Affairs Disaster Rescue and Response Workers
Department of Veterans Affairs: Critical Incident Stress Management:
CDC Disaster Mental Health Resources
CDC Tips for Managing and Preventing Stress: A Guide for Emergency and Disaster Response Workers
HHS National Mental Health Information Center:
A Guide for Managing Stress in Crisis Response Professionals
Communicating in a Crisis: Risk Communication Guidelines for Public Officials
Disaster Relief Information for Responders and Relief Workers
National Center for Post Traumatic Stress Disorder
Provider Self Care
CDC Disaster Mental Health Resources
NGOs
American Psychological Association Managing Traumatic Stress, Tips for Recovering from Disasters and Other Traumatic Events
American Psychological Association Managing Traumatic Stress, Tips for Recovering from Natural Disasters
International Critical Incident Stress Foundation, Inc.
Emotional Health Issues for Families of Disaster Workers

7 FAM 1880 APPENDIX A FAMILIES OF DISASTER WORKERS

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a. Your family and close friends may wonder what you are doing during a crisis and why you cannot be with them. They will be proud of your work and may be fearful for your safety. Take the time to talk to those close to you even for one minute. Hearing from you directly that you are o.k. will help put them at ease. If you are flooded with efforts to "check in", designate one point of contact that you will keep in touch with and ask all other friends and family members to "check in" with that person.

b. You may find it helpful to review information available about crisis work and the returning crisis worker.

See:
U.S. Navy Helping Families of Disaster/Rescue/Assistance workers cope
Government of British Colombia – Emotional Health Issues for Families and Friends of Disaster Workers (EHIFFDW); pdf version EHIFFDW

Red Cross – Families of Crisis Workers

7 FAM 1890 APPENDIX A AFTER THE CRISIS

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a. When you return home or return to your regular duties after a crisis, it is normal to feel a letdown or even depression. Normal life often feels dull after the excitement and camaraderie of the crisis. It can also take time to bring your stress baseline back to normal. It is also not unusual to continue to experience the after-effects of the things your have seen, heard, and experienced.

b. Talking about your experiences may be difficult, but it can be very helpful both to you and to your co-workers. Acknowledge your own feelings and make a conscious effort to integrate yourself back into your regular life.

c. Recurring thoughts, dreams or flashbacks are normal – don't try to fight them – they may decrease over time and become less painful.

d. The Office of Medical Services has resources which may be helpful to you in processing your experiences and moving forward.

e. CA/OCS works with M/MED to bringing in Department mental health experts to debrief consular officers after the crisis. For a crisis which goes on for weeks or months, this can also be very helpful.

f. If you experienced an event that threatened death or serious injury, you may be at risk of developing Post Traumatic Stress Disorder (PTSD). Symptoms of PTSD include: difficulty going or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance, diminished interest or participation in significant activities, a feeling of detachment from others, flash backs, hallucinations, and a sense of a foreshortened future. If these symptoms last more then 3 months, you may have chronic PTSD.

g. PTSD is treated by a variety of forms of psychotherapy (talk therapy) and drug therapy. M/MED can make referrals. Seeing a therapist for PTSD or other emotional condition due to the stress of a crisis will not jeopardize your security or medical clearance.

See:
Security Clearances and Mental Health Counseling

h. More information about PTSD is available at the following websites:

Post Traumatic Stress Disorder:
Veterans Affairs' National Center for Post Traumatic Stress Disorder
PTSD Alliance
National Institute of Mental Health Reliving Trauma

i. Some crisis workers seek out a new crisis as a way of dealing with the negative

emotions they experience after a crisis is over. If you find yourself becoming a "crisis junkie," step back and evaluate your physical and mental well-being before going on to the next crisis.